

P14000092103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

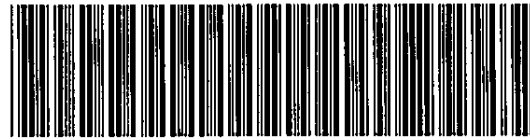
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/10/14--01021--001 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 NOV 10 PM 1:16

APPROVED  
AND  
FILED

VH

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Abuelita Food Company

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Raul G. Ordonez, Jr.

Name (Printed or typed)

8390 West Flagler Street, Suite 205

Address

Miami, Florida 33144

City, State & Zip

(786) 709-5762

Daytime Telephone number

ordonezrgjr@aol.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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AND  
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**ARTICLE I NAME**

The name of the corporation shall be:

**Abuelita Food Company**

14 NOV 10 PM 1:16

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is: **SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**8390 West Flagler Street**

**Suite 205**

**Miami, Florida 33144**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Any legal purpose.**

**ARTICLE IV SHARES**

The number of shares of stock is:

**100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Raul G. Ordonez, Jr., Pres/Dir**

Name and Title: \_\_\_\_\_

Address **8390 West Flagler Street**

Address: \_\_\_\_\_

**Suite 205**

**Miami, Florida 33144**

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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AND  
FILED

(cont.)

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Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE, FLORIDA</u>
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Raul G. Ordonez, Jr.  
Address: 8390 West Flagler Street, Suite 205  
Miami, Florida 33144

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Raul G. Ordonez, Jr.  
Address: 8390 West Flagler Street, Suite 205  
Miami, Florida 33144

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

11/5/2014  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

11/5/2014  
Date